

# NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.  
Completely fill in one circle.  
Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS  
before submitting or form will be returned.

## I Reporting Information

Year: 2013

Fill in circle if amendment ☒

Report Period: ☒ January/June ☐ July/December

Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number: 224583

FOR OFFICE USE ONLY

*Cjm* Amendment  
Amended to include SOF  
HAND DELIVERED

RECEIVED NOV 13 2013

## II Client Information

Name: THOROUGHbred BREEDERS, INC. NEW YORK

Permanent Business Address: 57 PHILA STREET

City: SARATOGA SPRINGS

State: NY

ZIP code: 12866

Business Phone: (518) 587-0777

Fax Number: (518) 587-1551

Third Party Beneficiary (see instructions):

## III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☒ Retained ☐ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☒ Local Lobbying ☐ Both

Name: WILSON ELSER MOSKOWITZ EDELMAN & DICKER LLP

Phone Number: (518) 449-8893

Address: 677 BROADWAY, 9TH FLOOR

City: ALBANY

State: NY

ZIP code: 12207

Compensation for current period: \$30000 .00

B Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$ .00

C Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$ .00

☐ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$30000 .00

#### IV Other Expenses (Current Semi-Annual Period Only)

<b>A</b> Report in the aggregate all expenses less than or equal to \$75:	\$ 40	.00
<b>B</b> Report in the aggregate all expenses for salaries of non-lobbying employees:	\$	.00
<b>C</b> Itemize each expense exceeding \$75:		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$ .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$ .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
<input type="radio"/> Continued on attached pages		
* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.		
<b>D</b> Total expenses for current period:	\$40 .00	(if applicable, include all expenses from attached pages in total)

#### V Source of Funding Disclosure

**Instructions:** In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

**A** Below list all contributions received from the Single Source, including the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

##### Contribution(s) from Single Source #1

Single Source Entity's Name:

or  
Single Source Person's Last Name: Ostrager

First Name: Barry

Address: 425 Lexington Ave

City: New York

State: NY

ZIP code: 10017

Phone: (212) 455-2655

Date Contribution Received:	02 / 08 / 2013	Amount of Contribution:	\$ 135 .00
Date Contribution Received:	02 / 08 / 2013	Amount of Contribution:	\$ 207 .00
Date Contribution Received:	02 / 08 / 2013	Amount of Contribution:	\$ 261 .00
Date Contribution Received:	02 / 12 / 2013	Amount of Contribution:	\$ 18 .00
Date Contribution Received:	/ /	Amount of Contribution:	\$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

##### Contribution(s) Single Source #2

Single Source Entity's Name: Sequel Stallions New York, LLC

or  
Single Source Person's Last Name:

First Name:

Address: PO Box 2676

City: Ocala

State: FL

ZIP code: 34478

Phone: (352) 620-9006

Date Contribution Received:	02 / 08 / 2013	Amount of Contribution:	\$ 594 .00
Date Contribution Received:	03 / 28 / 2013	Amount of Contribution:	\$ 225 .00
Date Contribution Received:	01 / 17 / 2013	Amount of Contribution:	\$ 29.25 .00
Date Contribution Received:	/ /	Amount of Contribution:	\$ .00
Date Contribution Received:	/ /	Amount of Contribution:	\$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☒

## Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

### V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source #3

Single Source Entity's Name: Darley Stud Management, LLC

or  
Single Source Person's Last Name: First Name:

Address: 3333 Bowman Mill Road

City: Lexington

State: KY

ZIP code: 40513

Phone: 859-255-8537

Date Contribution Received:	02	/08	/2013	Amount of Contribution:	\$360	.00
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Date Contribution Received:	02	/08	/2013	Amount of Contribution:	\$720	.00
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Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
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Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
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Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

#### Contributions from Single Source # 4

Single Source Entity's Name: McMahon of Saratoga Thoroughbreds, LLC

or  
Single Source Person's Last Name: First Name:

Address: 180 Fitch Road

City: Saratoga Springs

State: NY

ZIP code: 12866

Phone: 518-587-3426

Date Contribution Received:	01	/30	/2013	Amount of Contribution:	\$ 135	.00
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Date Contribution Received:	02	/08	/2013	Amount of Contribution:	\$ 135	.00
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Date Contribution Received:	02	/15	/2013	Amount of Contribution:	\$ 297	.00
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Date Contribution Received:	02	/12	/2013	Amount of Contribution:	\$ 18	.00
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Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

#### Contributions from Single Source #5

Single Source Entity's Name: VINERY, LTD

or  
Single Source Person's Last Name: First Name:

Address: 5 Sugar Lane

City: Poughquag

State: NY

ZIP code: 12570

Phone: (845) 724-3500

Date Contribution Received:	02	/15	/2013	Amount of Contribution:	\$846	.00
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Date Contribution Received:	02	/04	/2013	Amount of Contribution:	\$112.50	.00
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Date Contribution Received:	02	/04	/2013	Amount of Contribution:	\$288	.00
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Date Contribution Received:	02	/04	/2013	Amount of Contribution:	\$603	.00
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Date Contribution Received:	01	/30	/2013	Amount of Contribution:	\$42.75	.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

## Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

### V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source # 6

Single Source Entity's Name: WinStar Farm, LLC

or  
Single Source Person's Last Name: First Name:

Address: 3001 Pisgah Pike

City: Versailles

State: KY

ZIP code: 40383

Phone: 859-873-1717

Date Contribution Received:	02 / 08 / 2013	Amount of Contribution:	\$ 94.50	.00
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Date Contribution Received:	02 / 08 / 2013	Amount of Contribution:	\$ 63	.00
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Date Contribution Received:	02 / 01 / 2013	Amount of Contribution:	\$ 360	.00
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Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
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Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

#### Contributions from Single Source # 7

Single Source Entity's Name:

or  
Single Source Person's Last Name: Cohen First Name: Andrew

Address: 12537 Equine Lane

City: Wellington

State: FL

ZIP code: 33414

Phone: 561-383-6868

Date Contribution Received:	02 / 09 / 2013	Amount of Contribution:	\$ 13.50	.00
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Date Contribution Received:	02 / 08 / 2013	Amount of Contribution:	\$ 450	.00
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Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
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Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
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Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

#### Contributions from Single Source # \_\_\_\_\_

Single Source Entity's Name:

or  
Single Source Person's Last Name: First Name:

Address:

City: State: ZIP code:

Phone:

Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
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Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
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Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
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Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
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Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

**VI Subjects lobbied:**

BUDGET, REGULATORY AND LEGISLATIVE ISSUES  
PERTAINING TO NEW YORK THOROUGHBRED  
BREEDER, INC.

☐ Continued on attached pages

**VII Person, State Agency, Municipality or Legislative Body lobbied:**

EXECUTIVE, LEGISLATIVE & ADMINISTRATIVE  
BRANCHES OF STATE GOVERNMENT.

☐ Continued on attached pages

**VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:**

A876 A1792A A2082 A2268 A2271 A3881 A3979 A3995  
A4152 A4154 A4231 A4233 A4497 A5037A A5059 A5963A  
A5995 A6939 A7156 A7578 A7617A A7709A A7849 A7920  
A7925 A8055 A8068 A8101 A8102 A8112 S1433 S1743A  
S1746 S2120A S2433A S2901 S3026 S3417 S3706 S3793  
S3962 S4173 S4618 S4649 S4750 S4989A S5330B S5584  
S5586 S5756 S5814 S5830 S5882 S5883 S5886 S5898 S59

☐ Continued on attached pages

**VIII Title and Identifying Numbers of procurement contracts/documents lobbied:**

☐ Continued on attached pages

**IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:**

☐ Continued on attached pages

**X Subject Matter of and Tribes involved in tribal-state compacts, etc. lobbied:**

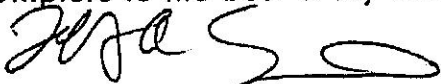
☐ Continued on attached pages

**XI Declaration**

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See Instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

**X SIGNATURE:**



**DATE:** 11-13-13

**PRINT NAME: LAST** Cannizzo

**FIRST** Jeffrey

**TITLE:** Executive Director

**Mark One:** ☒ Chief Administrative Officer ☐ Designee (Attach Letter)

**The following MUST be attached to this report at the time of submission:**

--You must attach a \$50 dollar filing fee to each semi-annual report. (No fee is required for amendments to the original)

--If applicable, a designation letter if you have marked designee in section XI.

--If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

**PLEASE NOTE** You may be assessed up to \$25 for each day this report is late.